

RICKETTS (B.M.)

THE TREATMENT OF ACNE.

(Read before the Ohio State Medical Society, at Columbus,
June 12, 1888.)

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BY B. MERRILL RICKETTS, M.D.,
CINCINNATI, OHIO.



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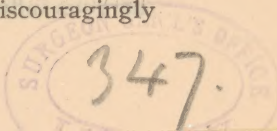
CINCINNATI, OHIO.

MR. PRESIDENT AND GENTLEMEN: My object in coming before you to-day is to present a subject for consideration which, I fear, has been neglected in the extreme by you, as by practitioners in general.

I do not know that we have a cutaneous disease of such supposed chronicity which is more amenable to both surgical and medicinal treatment than acne. Surely there are none more worthy of our consideration when we know that it is not a respecter of persons. It may maim and disfigure the most beautiful face, thereby making the victim an object of sympathy.

Who of you have not listened to the pleadings of a young boy or girl, or a mother for her son or daughter, to have the disease checked in its course. Since it is so often found on the face, beauty consequently being at stake, it is natural that it is a much dreaded disease, and persistent efforts made to cure it. There are few if any diseases whose nosology begins earlier or that are so equally distributed over the intervening period than acne. It was Celsus, during the First Century A.D., who made first mention of it. Galen also speaks of it, 150 A.D., about a century later. Among others, we find Actius, 500-600 A.D.; Avicenna, 1037 A.D.; Johannes Actuarius, in the Thirteenth Century; Gio di Vigo, 1525 A.D.; Paracelsus, 1573 A.D., and Limuas, 1763 A.D.

The gentlemen have written very discouragingly



as to any successful course of treatment. This, perhaps, has been due to their inability to recognize the cause. Even now, we are many times at a loss as to the exact cause, but with the unlimited resources we now have as to treatment, together with our knowledge of pathology and the cause of disease, we are better able to render beneficial services in these cases than ever before.

I did not come here to discuss the pathology of acne, for you can readily get that. Neither do I come to report a list of cases, for you have all had them; but I do come to enter into an active discussion upon the subject, and to tell you the results of my own experience in the treatment of this special trouble, at the same time to give you that which I have gleaned from the writings of other members of my profession. The time of this Society would not be profitably spent if I were to enter into detail, bringing about the different varieties of the disease and treatment in this connection. However, that we may talk intelligently and understandingly upon the subject, and that we may bring out prominently the three or four great underlying principles which govern the successful termination of the disease, it will be necessary to abandon a voluminous classification and adopt one more simple: 1. Acne due to faulty secretion or excretion of sebaceous matter. 2. Acne due to congestion and inflammation of sebaceous gland, with involvement of the surrounding tissue.

In the first class we find frequently that mechanical cause is the main factor, as the closing or partial closing of the ducts by foreign matter, or by some nervous influence, which cause them to be lessened

in calibre, thereby not allowing the free exit of glandular secretion. This is the case in the two forms of "acne punctata."

In one of these two forms (*acne punctata nigra-comedo*) we find the mass composed of sebaceous and foreign matter; the deepest portion of the mass is much larger than the superficial portion. In the other (*acne punctata albada-milium*) the mass is purely sebaceous, and perfectly enclosed within a sack, the mouth of the duct having been entirely obliterated. Here we have a deposit of white, cheesy matter just beneath the cuticle, which, when cut, escapes in a somewhat hardened form.

This is the simplest and most easily managed of any form of the disease. However, in either of the two varieties (*comedo* or *milium*) the sebaceous matter should be removed with as little injury to the surrounding parts as possible.

The easiest and most harmless way of extracting the comedoes is by pressure between the two index fingers, over which is tightly stretched some thin, soft fabric. Steady pressure is made with great care, so that the finger will not slip; then by removing the cuticle and causing an injury which may require several days to repair itself.

The masses serve as foreign bodies, and if allowed to remain, will sooner or later cause irritation, followed by congestion, inflammation, and the subsequent formation of pus.

Just as often as the sac is emptied it will each time become smaller and smaller, and have a more uniform calibre. The inflamed condition is not as likely to take place with the *milium* as the *comedo*, and will

not require treatment other than that of the knife, which will give free exit, the same duct seldom filling up more than once.

The local treatment of the comedo form is quite different, as something else is required besides free exit. It will be found necessary to apply some stimulating lotion or paste, such as naphthol and sulphur in combination with green soap. This form of paste I have found to answer the purpose better than any other that I have used, in that by the application of towels saturated in hot water, the cuticle will exfoliate freely, leaving the ducts freely open and the contents to escape spontaneously for at least a few hours.

I will not consider the other form due to faulty secretion or excretion of sebaceous matter, known as *acne sebacea*, or *seborrhœa*, as that is other than what I intended to deal with upon this occasion; therefore, I shall now take up the two varieties of the second class, known as *acne indurata* and *acne simplex*. These are the most troublesome to treat, and the results arising (if they are left to run their course) are much more serious than are the results of the first class, for many times there is marked permanent disfigurement, especially when the disease has been extensive upon the face.

There is a class of cases found among both boys and girls from fourteen to twenty years of age which are exceedingly obstinate, tubercular predisposition seeming to predominate. In fact, many of them succumb to tuberculosis before the age of twenty-five. Such cases, as a rule, are greatly benefited by the use of iodide of arsenic and potassium, together with a generous diet of the most digestible food and fresh

air. Any indigestion or derangement of the alimentary tract seems to aggravate or excite acne in this class of cases more than any other; while, on the other hand, those having no tubercular history are not so susceptible to these changes, and are more difficult to manage, the treatment being altogether different in the two classes. In the latter, the ingestion of certain kinds of food, as beets, radishes, or pork, the use of tea, coffee, alcoholic or malt stimulants to excess will produce it. The majority of cases, I think, are either due to or excited by the use of improper food and to neglect of diet.

Then, again, there are many cases which seem to be due to some nervous derangement produced by causes other than indigestion, but are not understood. These, I might say, are the most obstinate to treat, seeming at all times to resist all kinds of treatment.

In all cases, whether a cause can be assigned or not, the pus in each individual acne should be given free exit with a small knife, such as is used in cataract operations. A spray of rhigolene for a few minutes, say two or three, will anesthetize the skin to such an extent that the operation will be painless.

Immediately after these pus cups are opened the hot water should be applied in the manner before stated.

I have found nothing so serviceable in either of the two forms as arsenous acid in the form of the Asiatic pill, having given as much as one-half grain daily for this disease. When given in combination with kali iod. for two or three weeks, the disease seems to be aggravated, and the patient feels very much discouraged, thinking that the remedy will have no effect except to increase the severity of the symptoms.

This, however, is not the case, as the pustules become fewer, less elevated and congested after a ten days' or ten weeks' treatment. This course, however, will avail nothing unless the patient abstains from the use of all stimulants and indigestible food.

When the disease has assumed the indurated form, and is situated upon the back, it will be necessary to put the point of the knife deep into the tissue, as the skin is so much thicker in this locality than upon the face; however, in many cases of the face the sac of pus will lie beneath the integument in the subcellular tissue—especially is this so when the induration is extensive, or when two pockets have connected or are inclined to do so. When this state of affairs exists, the centre of the induration will be found in quite a number of instances to be gelatinous, requiring the use of a small scoop to remove it. Here is when the use of cocaine is indicated, and if properly used subcutaneously, will permit of painless surgical interference.

It is surprising to know how little disfigurement follows such an operation. Like all wounds of the face, repair is rapid. It is these painful procedures that enable the attendant to see his patient frequently, thus bringing about speedy recovery.

Frequent and free incisions, followed by the application of water as hot as can be borne, will do more towards leading these cases to a favorable termination than any other procedure. That the incision should be made early and frequently, is shown in those neglected cases where pus has burrowed, requiring two or more incisions to liberate the whole contents of the sac. Pus can always be found where

there is induration accompanied by redness and tenderness. The amount may not exceed three or four drops, but when removed will give instant relief from the sharp pain produced by the pressure of the pus upon the peripheral nerves supplying the integument. Incision seems to answer the purposes, viz. : to give exit to the pus, and to relieve congestion.

Within the past two years I have had these patients resort to massage night and morning, kneading the skin involved with the fingers to see if a better circulation could not be had, thereby hastening the process of waste and repair and lessening induration. I think that the results have been better, and there is less tendency of a recurrence. General massage is also beneficial, and I will say a most satisfactory treatment in connection with digestible food, pure air, and bright sunshine, there being but few, if any, cases that will not show an improvement at the end of four or five weeks under such conditions. This is the least likely of the two forms to return when it has once been cured.

Acne simplex is found upon the face of persons as young as ten and not over twenty years of age, but occurs later in life with males than with females. The papules or pustules are very small, are elevated and tender, and are more or less inflamed. Its course is shorter than that of acne indurata, and seldom extends over a period of three weeks, leaving no scars, unless uncared for. It is sometimes very obstinate to treat, which is no doubt due to the inability to recognize the cause. This difficulty, along with the difficulty of differential diagnosis, is the cause of the greatest trouble.

These patients, as a rule, suffer from debility of some kind, having a poor appetite and a general listlessness. The treatment is both internal and external, and if carried out *energetically*, will give satisfactory results. The bowels should be kept relaxed with Hawthorn, Hunyadi, or some other such water taken upon retiring or just before breakfast.

Turkish baths, given with general massage two or three times each week, will many times be attended by good results, especially the abdominal massage. When given for constipation, fluid ext. ergot, in half-drachm doses after each meal, is supposed to be beneficial in these cases. The cutaneous bloodvessels are contracted thereby, lessening the amount of blood, consequently lessening congestion. Tonics, such as iron, arsenic, strychnine, etc., are also serviceable. One-eighth grain of arsenous acid, given with the elixir gentian, com. tr. ferri chloridi, with a few drops of hydrochloric acid, after each meal, gradually increased until one-half or three-quarters of a grain of the arsenious acid is taken daily, is by far the best I have given.

The external treatment consists in thorough removal of sebaceous matter after applying hot water for fifteen or twenty minutes. At the end of this time a stimulating paste of ichthyol and mollin, or lanolin, should be applied once or twice daily. Resorcin, with sub. nit. bismuth, zinc ox., and mollin or lanolin, is also very good.

93 East Fourth Street,

